

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3						
4		2		1		
5		2		1		
6		2		1		
7		2		1		
8		2		1		
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43		2		1		
44		2		1		
45		2		1		
46		2		1		
47		2		1		
48		2		1		
49		2		1		
50		2		1		
TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	44	←	42	←		←
TOTAL CLAIMS	45		43			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						